

**CONNECTICUT STATE TREASURER
SHORT-TERM INVESTMENT FUND**

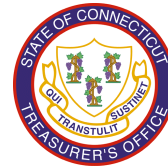


Exhibit I

**Grant Express Program
State of Connecticut**

Town _____

Please sign us up for the Grant Express program. We understand that the program now includes the grants listed below and that additional grants may be added in the future.

Excess Cost Student Based Grant (SPID #17047, Department of Education)

Education Equilization Grant (SPID #17041, Department of Education)

Mashantucket Pequot and Mohegan Fund Grant (SPID #17005 Comptroller's Office)

Deposit grant funds into the following account:

STIF Account Name: _____

STIF Account Number: _____

We understand that STIF will send us confirmation of Grant Express deposits. We also understand that this application to join Grant Express will be effective for grant payments occurring after 30 days from the date of receipt of the application.

Authorized Official (Name): _____

Signature: _____

Title: _____

Date: _____

Telephone: _____

Please send applications to:

Office of the State Treasurer
STIF Administration
55 Elm Street, 6th Floor
Hartford, Connecticut 06106

Please call STIF Administration at (860) 702-3118 if you have any questions regarding the Grant Express Program.